Fagron NutriGen™

Patient report

Fagron NutriGen

CONTENT

Patient identification data

1

Patient's name and last name	**DEMO 2 WOMAN Structure**
Date of Birth	**26-09-1953**
Gender	**woman**
Sample type	**Buccal mucosa**
Sample code	**NUT18247AA**
Sample date	**04-03-2024**
Report date	**26-06-2023**

Doctor's name and last name	**Nutrigen 3 Validation**
Email address	**nutrigen_3_validation@demo.com**
Telephone	

LEGAL DISCLAMER

Fagron Genomics, S.L.U carries out genetic tests upon request by healthcare professionals, in relation to biological samples from patients obtained by the healthcare professional. Our tests do not replace a medical consultation, nor do they make up a diagnostic or treatment, nor should they be interpreted this way. Only healthcare professionals can interpret the results of said tests, based on their knowledge of the clinical records of the patients and other relevant factors and, under their responsibility, give a diagnostic or prescribe treatment to the patient. We decline all responsibility derived from the use and interpretation of the results of our tests by the solicitant healthcare professional. Fagron Genomics, S.L.U expressly reserves any legal actions in case of an inappropriate, negligent or incorrect use or interpretation of the results of our tests. It is the responsibility of the healthcare professional who requests a test to guarantee to the patient the appropriate genetic advice as foreseen by Law 14/2007, of 3rd July, of biomedical research. As Fagron Genomics, S.L.U does not have access to the personal identifiable information about the patient from whom the sample comes, it is the responsibility of the requesting healthcare professional to comply with the applicable data protection Laws and regulations.

Fagron Genomics,
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08226 Terrassa, Barcelona (Spain)

CE IVDD
Self-Declared
98/79/EC

REF FGMS-Nutri

IVD In Vitro Diagnostic MedicalDevice

UDI 8437024682FGMS-NutriVC

Product version: NutriGen™ 3.0

Report version: Rev.5 / 04-03-2024 08:21:44

Genetic results overview

2

2.1. Morphological genetics for weight control

47.02% Medium-high genetic predisposition to being overweight. In case of overweight or obesity, it is caused mainly by inherited genetics. Following the recommendations of this DNA analysis will improve outcomes.

Genetic risk of overweight/obesity
Risk of rebound weight gain
Risk of increased BMI
Basal metabolic rate (burn calories at rest)
Weight loss capability during diet interventions

2.2. Behavioural genetics in food intake

73.79% Medium-low dysregulation of food intake behaviour. Slight predisposition to being overweight. In case of excessive quantity or compulsive intake, strategies to reduce anxiety should be considered.

Appetite and anxiety risk
Satiety: Feeling Full

2.3. Flavour sensitivities

99.67% Normal or average flavour sensitivity.

Bitter taste sensitivity
Salt sensitivity
Sweet flavour preference

2.4. Fat metabolism

67.61% Moderate fat burning capacity. A healthy fat intake should not be a reason for being overweight.

Response to monounsaturated fats (MUFAs)
Response to polyunsaturated fats (PUFAs)
Response to fat intake to improve the HDL levels

2.5. Lipid metabolism

50.12% Moderately affected lipid metabolism. Cholesterol and triglyceride levels should be reasonably normal on a balanced diet.

Predisposition to reduced HDL levels
Predisposition to increased levels of triglycerides
Predisposition to increased oxidation of LDL
Risk of increased cholesterol LDL levels
Risk of unbalanced Triglycerides/HDL ratio

2.6. Carbohydrate metabolism

24.92% Highly negative carbohydrate metabolism: Carbohydrate intake will lead to dysregulation in cholesterol levels and also to increased calorie and fat intake. Eliminating refined carbohydrates is urgent; move to wholegrain carbohydrates and reduce the quantity.

Capability to digest starchy food
Refined carbohydrate sensitivity
Carbohydrates and HDL levels predisposition
Carbohydrates and LDL levels

2.7. Glucose metabolism

56.32% Slightly affected glucose metabolism. Increased risk of Type-II diabetes.

Risk of increased glucose levels in plasma after fasting
Risk of insulin resistance
Risk of Type-II diabetes

2.8. Efficacy of exercise

63.17% Medium efficacy of exercise to reduce body fat and regulate cholesterol levels. While dietary interventions may be needed, please do not forget to increase exercise. The benefits will be noticeable.

Benefits from endurance exercise for improving HDL levels
Exercise to reduce body fat

INDICATIONS

Positive effect **Medium-positive effect** **Medium-negative effect** **Negative effect**

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Genetic results overview

2

2.9. Detoxification imbalances

73.19% Slightly reduced detoxification capacities. Try to decrease toxin exposure and intake.

Antioxidant capability

2.10. Intolerance

LACTOSE

Lower risk of lactose intolerance.

GLUTEN

The genetic test indicates a high risk of developing celiac disease. Before initiating any dietary changes, consult your specialist for further analysis.

FRUCTOSE

Lower risk of fructose intolerance.

CAFFEINE

Very slow caffeine metabolism speed: caffeine will last longer in the body. Be careful with excess caffeine.

ALCOHOL

Normal risk of alcohol toxicity due to a normal metabolism.

2.11. Hormones

LEP

Predisposition to increased levels of leptin leading to leptin receptor saturation that may lead to increased risk of overeating and lower fat burning.

NAMPT-1

High predisposition to increased levels of circulating visfatin augmenting considerably the risk of an altered inflammatory response.

GHSR

Predisposition to slightly reduced ghrelin receptor (GHSR) expression that may lower the net signaling from ghrelin binding. Slight appetite increase, increased calorie consumption, and fat storage.

ADIPOQ-2

Increased predisposition to lower adiponectin plasma levels that leads to a slightly increased inflammation process, lipid abnormalities and insulin resistance.

ADIPOQ-3

Increased predisposition to lower adiponectin plasma levels that leads to a slightly increased inflammation process, lipid abnormalities and insulin resistance.

2.12. Inflammation

TNF-α-1

Predisposition to moderately increased levels of TNF-alpha. Pro-inflammation tendency.

IL-6-1

Predisposition to intermediate levels of IL-6. Pro-inflammation.

IL-10-1

Predisposition to decreased levels of the anti-inflammatory cytokine IL-10.

INDICATIONS

Positive effect **Medium-positive effect** **Medium-negative effect** **Negative effect**

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Genetic results overview

2

2.13. Vitamins

Vitamin A

A

Inherited risk of vitamin A metabolism deficiency or low plasma levels.

Vitamin B6

B^6

Inherited risk of vitamin B6 metabolism deficiency or low plasma levels.

Vitamin B9 (folate)

B^9

Inherited risk of vitamin B9 (folate) metabolism deficiency or low plasma levels.

Vitamin B12

B^{12}

Inherited risk of vitamin B12 metabolism deficiency or low plasma levels.

Vitamin C

C

Inherited risk of vitamin C metabolism deficiency or low plasma levels.

Vitamin D

D

Inherited risk of vitamin D metabolism deficiency or low plasma levels.

Vitamin E

E

Inherited risk of vitamin E metabolism deficiency or low plasma levels.

2.14. Minerals

CALCIUM

Ca

Calcium malabsorption risk

Low inherited risk of calcium malabsorption.

Predisposition to dysregulated calcium levels

Slightly increased risk of dysregulated plasma calcium levels.

IRON

Fe

Risk of iron overload

No additional risk of iron overload.

Risk of low iron plasma levels

High risk of having lower iron transference, only when iron intake is low. In that case, supplementation would be recommended.

MAGNESIUM

Mg

Predisposition to dysregulated magnesium levels

Medium risk of dysregulated plasma magnesium levels.

SELENIUM

Se

Predisposition to dysregulated selenium levels

No additional risk of dysregulated plasma selenium levels.

SALT

Sodium sensitivity

Normal sodium sensitivity: no increased blood pressure risk due to salt consumption.

INDICATIONS

Positive effect | Medium-positive effect | Medium-negative effect | Negative effect

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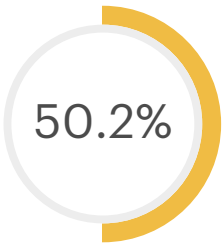
Genetic results overview

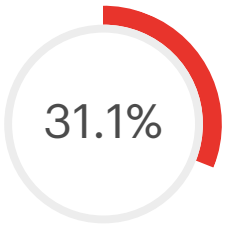
2

2.15. Effectiveness of diets

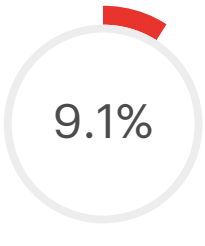
75% - 100% High efficacy
50% - 75% Medium-high efficacy
25% - 50% Medium efficacy
0% - 25% Medium efficacy



Efficacy of low carbohydrate diets



Efficacy of low fat diets



Efficacy of low calorie diets

Recommended nutritional plan

3

The most effective diet for your patient, after the genetic analysis, would be

LOW IN CARBOHYDRATES
INTEGRATED NUTRITIONAL PLAN

Check the FOOD LIST

recommended for you

Recommended supplements

4

The supplements recommended

to combat overweight and ageing are divided into 3 phases

1 DETOX

Detoxification (oxidation) 30 days

- Vitamin E
- Vitamin B6 (Pyridoxine hydrochloride)
- Selenium (Selenium yeast)
- Brocophanus®
- Glutathione (Reduced glutathione)
- Resveratrol
- Silybin®
- Ubiqsome®
- Betacarotene
- Manganese
- Ubiquinol
- Zinc gluconate

Detoxification (conjugation) 30 days

- Magnesium
- Vitamin B9 (Methylfolate)
- Allyl ABG™(Allium sativum)
- Vitamin D3 (Cholecalciferol)
- CitrusiM®
- Brocophanus®
- Glutathione (Reduced glutathione)
- Resveratrol
- Alpha-Lipoic Acid (ALA)
- Silybin®
- Citrimax®
- Taurine

2 INTESTINAL

Transportation Excretion 30 days

- Biointestil®
- Lactobacillus salivarius
- Gutcare®
- Lactobacillus lactis
- Bifidobacterium longum
- Papain
- Lactobacillus acidophilus
- Bifidobacterium infantis
- Lactobacillus plantarum
- Bifidobacterium adolescentis
- Ginger dry extract
- Bifidobacterium bifidum

3 SUPPLEMENTATION

Prevention, maintaining optimal nutrition 3-6 months

- Magnesium
- Glucosamine sulfate
- Vitamin E
- SiliciuMax® powder
- Vitamin B6 (Pyridoxine hydrochloride)
- Vitamin B9 (Methylfolate)
- Vitamin B12 (Cianocobalamin)
- Selenium (Selenium yeast)
- Vitamin D3 (Cholecalciferol)
- CitrusiM®
- FitNox®
- Resveratrol

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Complete genetic results

5

2.1. Morphological genetics for weight control

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Genetic risk of overweight/obesity **MEDIUM-LOW RISK OF OVERWEIGHT/OBESITY**	MC4R-1	rs2229616	CC	
	SH2B1-2	rs7498665	AG	
	FTO-1	rs9939609	TT	
	FTO-2	rs1121980	AG	
	MC4R-2	rs17700633	GG	
Risk of rebound weight gain **MEDIUM-LOW REBOUND EFFECT**	ADIPOQ	rs17300539	AG	
Risk of increased BMI **MEDIUM-LOW RISK OF INCREASED BMI**	MC4R-3	rs12970134	GG	
	MC4R-4	rs17782313	CT	
	SH2B1-1	rs4788102	AG	
Basal metabolic rate (burn calories at rest) **MEDIUM-LOW BURNER AT REST**	FABP2	rs1799883	CT	
	LEPR-4	rs2025804	AA	
Weight loss capability during diet interventions **SLOW WEIGHT LOSS**	ACSL5	rs2419621	CC	

INDICATIONS

Negative effect **Medium-positive effect** **Positive effect**

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Complete genetic results

5

2.2. Behavioural genetics in food intake

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Appetite and anxiety risk **INCREASED APPETITE AND ANXIETY RISK**	COMT	rs4680	AG	
	NMB	rs1051168	GT	
	DRD2-1	rs1800497	AG	
	MC4R-1	rs2229616	CC	
	DRD2-2	rs6277	AG	
Satiety: Feeling Full **NORMAL SATIETY**	FTO-1	rs9939609	TT	

2.3. Flavour sensitivities

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Bitter taste sensitivity **NORMAL BITTER TASTE SENSITIVITY**	TAS2R38-1	rs1726866	GG	
	TAS2R38-2	rs713598	CG	
Salt sensitivity **LOW SALT SENSITIVITY**	ACE	rs4343	AA	
Sweet flavour preference **NORMAL SWEET PREFERENCE**	SLC2A2	rs5400	GG	

INDICATIONS

Negative effect **Medium-positive effect** **Positive effect**

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Complete genetic results

5

2.4. Fat metabolism

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Response to monounsaturated fats (MUFAs) **FAST MUFA METABOLISM**	ADIPOQ	rs17300539	AG	
Response to polyunsaturated fats (PUFAs) **LOW PUFA METABOLISM**	PPAR-Y	rs1801282	CC	
	FADS1	rs174547	CC	
Response to fat intake to improve the HDL levels **MEDIUM-HIGH BENEFITS TO IMPROVE HDL**	LIPC	rs1800588	CT	

INDICATIONS

Negative effect **Medium-positive effect** **Positive effect**

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Complete genetic results

5

2.5. Lipid metabolism

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Predisposition to reduced HDL levels **REDUCED HDL LEVELS**	APOA5	rs662799	AA	
	CETP	rs5883	CC	
Predisposition to increased levels of triglycerides **HIGHLY INCREASED TRIGLYCERIDES**	PPAR-Y	rs1801282	CC	
Predisposition to increased oxidation of LDL **NOT INCREASED LDL OXIDATION**	APOB-2	rs676210	AA	
Risk of increased cholesterol LDL levels **INCREASED LDL LEVELS**	CELSR2	rs12740374	GT	
	HNF1A	rs2650000	AC	
	LDLR	rs6511720	GG	
	ABCG8	rs6544713	CT	
Risk of unbalanced Triglycerides/HDL ratio **SLIGHLTLY INCREASED TG/HDL RATIO**	HMGCR	rs3846663	CT	

INDICATIONS

Negative effect **Medium-positive effect** **Positive effect**

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Complete genetic results

5

2.6. Carbohydrate metabolism

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Capability to digest starchy food **HIGHLY REDUCED STARCH DIGESTION**	AMY1-AMY2	rs11577390	CC	
	AMY1	rs4244372	AA	
Refined carbohydrate sensitivity **NORMAL CARBOHYDRATE SENSITIVITY**	FABP2	rs1799883	CT	
Carbohydrates and HDL levels predisposition **HIGH RISK OF HDL DYSREGULATION**	KCTD10	rs10850219	GG	
Carbohydrates and LDL levels **HIGH RISK OF LDL DYSREGULATION**	MMAB	rs2241201	CG	

INDICATIONS

Negative effect **Medium-positive effect** **Positive effect**

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Complete genetic results

5

2.7. Glucose metabolism

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Risk of increased glucose levels in plasma after fasting **MEDIUM-LOW RISK OF HIGH GLUCOSE LEVELS**	PLIN1	rs2289487	CT	
	GHSR	rs490683	GC	
Risk of insulin resistance **MEDIUM-LOW INSULIN RESISTANCE**	PPAR-Y	rs1801282	CC	
	ADIPOQ	rs17300539	AG	
	TCF7L2-2	rs7903146	CC	
	FTO-1	rs9939609	TT	
	FTO-2	rs1121980	AG	
Risk of Type-II diabetes **MEDIUM-LOW DIABETES TYPE-II RISK**	PPAR-Y	rs1801282	CC	
	PLIN1	rs2289487	CT	
	TCF7L2-2	rs7903146	CC	
	FTO-1	rs9939609	TT	
	MC4R-2	rs17700633	GG	
	CDKN2A/B	rs10811661	CT	
	KCNQ1	rs2237892	CT	
	CDKN2A, CDKN2B	rs2383208	AG	
	CDKAL1	rs7756992	AG	
	TCF7L2-1	rs7901695	TT	

INDICATIONS

Negative effect **Medium-positive effect** **Positive effect**

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Complete genetic results

2.8. Efficacy of exercise

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Benefits from endurance exercise for improving HDL levels **HIGH BENEFITS FROM EXERCISE FOR IMPROVING HDL**	PPARD	rs2016520	CC	
Exercise to reduce body fat **MEDIUM-LOW BENEFIT FROM EXERCISE TO REDUCE FAT**	FTO-1	rs9939609	TT	
	FTO-2	rs1121980	AG	
	LIPC	rs1800588	CT	
	LEP	rs7799039	AA	

2.9. Detoxification imbalances

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Antioxidant capability **SLIGHTLY REDUCED ANTIOXIDANT CAPABILITY**	GPX1	rs1050450	GG	
	NQO1	rs1800566	GG	
	COMT	rs4680	AG	
	SOD2	rs4880	AG	
	CYP1B1	rs1056836	CG	
	CYP1A1-2	rs1048943	CT	
	GSTP1	rs1695	AG	

INDICATIONS

Negative effect **Medium-positive effect** **Positive effect**

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Complete genetic results

5

2.10. Intolerance

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Lactose intolerance risk **LOWER RISK OF LACTOSE INTOLERANCE**	MCM6-1	rs182549	CT	
	MCM6-2	rs4988235	AG	
Risk of celiac disease **HIGHER RISK OF CELIAC DISEASE**	HLA-7	rs2187668	CT	
	HLA-8	rs4639334	GG	
	HLA-2	rs2395182	TT	
	HLA-4	rs4713586	AA	
	HLA-5	rs7454108	TT	
	HLA-6	rs7775228	TC	
Fructose intolerance risk **LOWER RISK OF FRUCTOSE INTOLERANCE**	ALDOB-1	rs1800546	CC	
	ALDOB-2	rs76917243	GG	
Caffeine metabolism **SLOW CAFFEINE METABOLIZER**	CYP1A1-1	rs2470893	CC	
	CYP1A2	rs762551	CA	
Alcohol metabolism **NORMAL ALCOHOL METABOLISM**	ALDH2	rs671	GG	

INDICATIONS

Negative effect **Medium-positive effect** **Positive effect**

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Complete genetic results

2.11. Hormones

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Leptin LOW RISK OF DECREASED LEPTIN LEVELS	LEP	rs7799039	AA	
Visfatin HIGH RISK OF INCREASED VISFATIN LEVELS	NAMPT-1	rs9770242	AA	
Ghrelin LOW-INTERMEDIATE GHRELIN RECEPTOR (GHSR) EXPRESSION	GHSR	rs490683	GC	
Adiponectin MEDIUM-LOW RISK OF DECREASED ADIPONECTIN LEVELS	ADIPOQ-2	rs1501299	GT	
	ADIPOQ-3	rs2241766	GT	

2.12. Inflammation

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
TNF-α MEDIUM-LOW RISK OF INCREASED TNF-α LEVELS	TNF-α-1	rs1800629	AG	
IL-6 MEDIUM-LOW RISK OF INCREASED IL-6 LEVELS	IL-6-1	rs1800795	CG	
IL-10 HIGH RISK OF DECREASED ANTIINFLAMATORY CYTOKINE IL-10 LEVELS	IL-10-1	rs1800896	TT	

INDICATIONS

Negative effect **Medium-positive effect** **Positive effect**

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Complete genetic results

5

2.13. Vitamins

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
A Vitamin A — MEDIUM-LOW RISK OF VITAMIN A DEFICIENCY	BCMO1-1	rs12934922	TT	
	BCMO1-2	rs7501331	CC	
B6 Vitamin B6 — HIGH RISK OF VITAMIN B6 DEFICIENCY	NBPF3	rs4654748	CC	
B9 Vitamin B9 (folate) — MEDIUM-LOW RISK OF VITAMIN B9 (Folate) DEFICIENCY	MTHFR	rs1801133	GA	
B12 Vitamin B12 — HIGH RISK OF VITAMIN B12 DEFICIENCY	FUT2	rs602662	GG	
C Vitamin C — LOW RISK OF VITAMIN C DEFICIENCY	SLC23A2	rs1279683	GA	
	SLC23A1	rs33972313	CC	
D Vitamin D — MEDIUM-LOW RISK OF VITAMIN D DEFICIENCY	GC	rs2282679	TT	
	CYP2R1-2	rs10741657	AG	
	NADSYN1, DHCR7-1	rs12785878	GT	
	CYP2R1-3	rs2060793	AG	
	NADSYN1, DHCR7-2	rs3829251	GG	
E Vitamin E — HIGH RISK OF VITAMIN E DEFICIENCY	INTERGENIC	rs12272004	CC	
	ZNF259, LOC100128347, APOA5, SIK3, BUD13	rs964184	CC	

INDICATIONS

Negative effect **Medium-positive effect** **Positive effect**

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Complete genetic results

5

2.14. Minerals

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Calcium malabsorption risk **LOW RISK OF CALCIUM MALABSORPTION**	CYP2R1-1	rs10766197	GG	
	GC	rs2282679	TT	
Predisposition to dysregulated calcium levels **SLIGHTLY INCREASED RISK OF DYSREGULATED PLASMA CALCIUM LEVELS**	DGKD	rs1550532	CG	
	CYP24A1	rs1570669	AA	
	CASR-1	rs17251221	AA	
	CASR-2	rs1801725	GG	
	CARS	rs7481584	AA	
	GCKR	rs780094	CT	
Risk of iron overload **LOW RISK OF HEMOCHROMATOSIS**	HFE	rs1800562	GG	
Risk of low iron plasma levels **HIGH RISK OF DECREASED IRON LEVELS**	TF-1	rs3811647	AA	
	TMPRSS6	rs4820268	AG	
	TF-2	rs8177253	TT	
Predisposition to dysregulated magnesium levels **MEDIUM-HIGH RISK OF DYSREGULATED MAGNESIUM LEVELS**	CASR-1	rs17251221	AA	
	TRPM6	rs11144134	TT	
	SHROOM3	rs13146355	GG	
	DCDC5	rs3925584	CT	
	MUC1	rs4072037	CT	
Predisposition to dysregulated selenium levels **NO ADDITIONAL RISK OF DYSREGULATED SELENIUM LEVELS**	AGA	rs1395479	CC	
	SLC39A11	rs891684	GG	
Sodium sensitivity **LOW SODIUM SENSITIVITY**	ACE	rs4343	AA	

INDICATIONS

Negative effect **Medium-positive effect** **Positive effect**

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Complete genetic results

5

2.15. Effectiveness of diets

GENETIC RISK	MARKER	LOCUS	YOUR VARIANT	YOUR RESULT
Efficacy of low calorie diets **VERY LOW EXPECTED BENEFIT FROM LOW-CALORIE DIET**	PPAR-Y	rs1801282	CC	
	ADIPOQ	rs17300539	AG	
	LEPR-1	rs1805134	TT	
	ACSL5	rs2419621	CC	
	ADRB2	rs1042714	CC	
Efficacy of low carbohydrate diets **MEDIUM-HIGH EXPECTED BENEFIT FROM LOW-CARBOHYDRATE DIET**	KCTD10	rs10850219	GG	
	MMAB	rs2241201	CG	
Efficacy of low fat diets **MEDIUM-LOW EXPECTED BENEFIT FROM LOW-FAT DIET**	PPAR-Y	rs1801282	CC	
	GHSR	rs490683	GC	
	APOA2	rs5082	AG	
	SH2B1-2	rs7498665	AG	
	TCF7L2-2	rs7903146	CC	
	FTO-1	rs9939609	TT	

INDICATIONS

Negative effect **Medium-positive effect** **Positive effect**

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Methodology

6

How were the genetic variants selected and evaluated?

This test was developed by a multidisciplinary team of medical doctors, geneticists, and programmers, following highest quality standards. In particular, an expert team specialized in the curation of genetic variants reviewed each variant to ensure that selection, interpretation and impact of variants in the algorithms are based on the highest scientific evidence.

The following selection criteria were applied for classifying genetic variants:

Level 1A: Annotation for a variant in medical society-endorsed or implemented in a major health system.

Level 1B: Annotation for a variant where the preponderance of evidence shows an association. The association must be replicated in more than one cohort with significant p-values, and preferably will have a strong effect size.

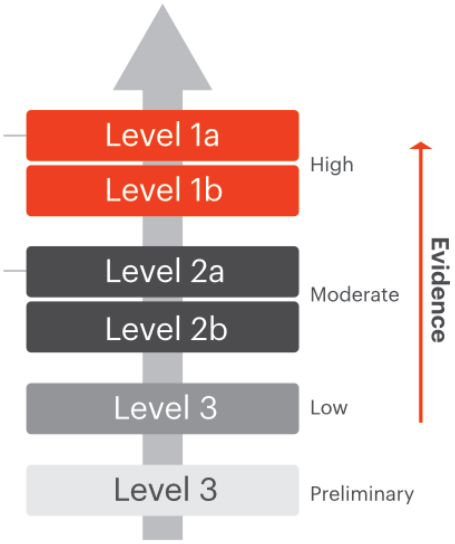
Level 2A: Annotation for a variant that qualifies for level 2B where the variant is within a Very Important known gene, so functional significance is more likely.

Level 2B: Annotation for a variant with moderate evidence of an association. The association must be replicated but there may be some studies that do not show statistical significance, and/or the effect size may be small.

Level 3: Annotation for a variant based on a single significant (not yet replicated) study or annotation for a variant evaluated in multiple studies but lacking clear evidence of an association.

Level 4: Annotation based on a case report, non-significant study or in vitro, molecular or functional assay evidence only.

Only genetic variants from level 1A to 2A were selected.



How was it analyzed?

The DNA was extracted from the buccal swab sample you provided and was analyzed by our clinical analysis laboratory. DNA was extracted using the KingFisher Flex® robotic extraction system (Thermo Fisher Scientific). The study of the genetic variants was performed by NGS (Next Generation Sequencing) using the Ion GeneStudio S5 system (Thermo Fisher Scientific).

References

7

References

Scan the QR code to access our NutriGen report reference page.

* These recommendations are based only in the analysis of your genetic test. Always seek the advice of your physician or other qualified health specialist before proceeding with any nutritional or dietary modifications.

Together
we create the future
of personalizing medicine.

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